



Change of Address Form

Date: _____

Please Type or Print Legibly in Ink. You can submit this form by fax or e-mail
at PSCApplication@ci.glendale.ca.us

1. Property Owner's Information

Name: _____

Address: _____

Phone Number: () _____

E-Mail Address: _____

2. Contact Information

Name: _____

Phone Number: () _____

3. Address Change (All information is required)

This change applies to: ☐ Commercial ☐ Single Family Dwelling ☐ Multi-Family Dwelling

For Commercial or Multi-Family Dwellings provide a diagram of the building; showing the location of existing & proposed address and/or suite numbers. Address request will not be processed without the diagram

Assessor's ID No (APN) _____ Lot _____ Tract _____

Current Address: _____

Requested Address: _____

Reason for Address Change: _____

DECLARATION:

I hereby affirm that the information above is true to the best of my knowledge

Signature _____ Date _____

We can not guarantee that the address requested will be granted, you'll be informed of our decision by mail.

Use a separate application if additional change of addresses are requested.

Processing fee of \$110.09 per addresses change. (93.00+17.09 BTech.)

Received at Permit Service Center _____ By _____

Application fee paid \$ _____ Ledger No. _____

☐ Denied ☐ Approved _____ Date: _____
Deputy Building Official

Comments: _____